

PREMARKET NOTIFICATION [510(k)] Summary

This Summary of Safety and Effectiveness is prepared in accordance with 21 CFR Part 807.92(c).

1. Company Name:

Chison Medical Imaging Co., Ltd.

No.8, Xiang Nan Road, Shuo Fang, New District, Wuxi, China 214142

Chison Medical Imaging Co., Ltd.

No.8, Xiang Nan Road, Shuo Fang, New District, Wuxi, China 214142

Contact: Ms. Ruoli Mo

Tel: +86-510-85311707, 85310593

Fax: +86-510-85310726

U.S. Agent:

Leiker Regulatory & Quality Consulting

7263 Cronin Circle

Dublin, CA 94568

Contact: Bob Leiker

Tel: (925) 556-1302 Fax: (866) 718-3819

- 2. Device Name:** CHISON Q8/Q6/ Roll (Portable) Diagnostic Ultrasound System
CHISON iVis 60 & iVis 60 EXPERT/i7 (roll-around) Diagnostic Ultrasound System

Common/Usual Name: Diagnostic Ultrasound System with Accessories

Classification: Regulatory Class: II

Review Category: Tier II

Classification Name	21 CFR Section	Product Code
Ultrasonic pulsed doppler imaging system	892.1550	90-IYN
Ultrasonic pulsed echo imaging system	892.1560	90-IYO
Diagnostic ultrasonic transducer	892.1570	90-ITX

2. Marketed Device:

K101236, GE Voluson E6/E8 /E8 Expert Diagnostic Ultrasound System

3. Device Description:

The CHISON Q6 / Q8 / iVis60 / iVis60 / EXPERT / i7 ultrasound system is an integrated preprogrammed color Doppler ultrasound imaging system, capable of producing high detail resolution intended for clinical diagnostic imaging applications.

The CHISON ultrasound system can be configured either as a portable model (Q6/Q8), or as a roll-around model on wheels (iVis60 / iVis60 EXPERT/i7). These systems are designed with the latest technology, using the same quality procedure as ultrasound systems which have been available in the market for years.

This CHISON ultrasound system is a general purpose, software controlled, diagnostic ultrasound system. Its basic function is to acquire ultrasound echo data and display the image in B-Mode (including Tissue Harmonic Imaging), M-Mode, Pulsed (PW) Doppler Mode, Continuous (CW) Doppler Mode, Color Doppler Mode, Power Doppler Mode, Directional Power Doppler Mode, or a combination of these modes.

The CHISON Q Models and iVis60 Models and i7 Model, have been designed to meet the following product safety standards: NEMA UD 2, NEMA UD 3, IEC 60601-1, IEC 60601-1-2, IEC 60601-2-37, IEC 10993-1.

4. Indications for Use:

The system is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for the evaluation of Fetal (Obstetrics), Abdomen, Cardiac (Adult, Pediatric), Small Organ (Thyroid, testes and breast etc), Peripheral Vascular, Transvaginal, Musculo-skeletal (Conventional and Superficial), Pediatric, OB/Gyn and Urology.

5. Comparison to Predicate Device:

The CHISON Q Models and iVis60 Models and i7 Model are of comparable type and substantially equivalent to the current, GE Voluson E8 Diagnostic Ultrasound System (K101236). All systems transmit ultrasonic energy into patients, then perform post processing of received echoes to generate on-screen display of anatomic structures and fluid flow within the body, and have the same intended uses and basic operating modes as the predicate device. All systems allow for specialized measurements of structures and flow, and calculations.

6. Conclusion:

The CHISON Q Models and iVis60 Models and i7 systems are substantially equivalent in safety and effectiveness to the predicate systems. The systems are intended for diagnostic ultrasound imaging and fluid flow analysis. The systems have the same gray-scale and Doppler capabilities. The systems have acoustic output levels below the applicable FDA limits. The systems are designed to applicable electrical and physical safety standards.

End of 510(k) Summary.



Chison Medical Imaging Co., Ltd.
% Mr. Bob Leiker
US Agent
Leiker Regulatory & Quality Consulting
7263 Cronin Circle
DUBLIN CA 94568

JUN 14 2012

Re: K120801

Trade/Device Name: CHISON iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Class: II
Product Code: IYN, IYO, and ITX
Dated: May 18, 2012
Received: May 22, 2012

Dear Mr. Leiker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the CHISON iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems, as described in your premarket notification:

Transducer Model Number

D3C60L Convex Array
D4C40L Convex Array
D5C20L Convex Array
D6C12L Micro-convex Array
D7C10L Micro-convex Array
D6C15L Convex Array
D7L30L Linear Array

D7L60L Linear Array
D7L40L Linear Array
D3P64L Phased Array
D6P64L Phased Array
V4C40L Convex Array
D10L40L Linear Array

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOices/ucml15809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

If you have any questions regarding the content of this letter, please contact Jeffrey Ballyns at (301) 796-6105.

Sincerely Yours,

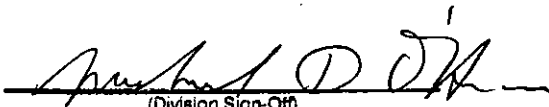
A handwritten signature in black ink, appearing to read "Janine M. Morris".

Janine M. Morris
Acting Director
Division of Radiological Devices
Office of In Vitro Diagnostic Device
Evaluation and Safety
Center for Devices and Radiological Health

Diagnostic Ultrasound Indications For Use

1.3 Indications for Use

The device is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Fetal (Obstetrics),Abdomen, Cardiac(Adult, Pediatric), Small Organ (Thyroid, testes and breast etc), Peripheral Vascular, Transvaginal, Musculo-skeletal (Conventional and Superficial), Pediatric, OB/Gyn and Urology.


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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety
510K K120801

Prescription Use ☒
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Diagnostic Ultrasound Indications For Use

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
 Diagnostic Ultrasound Pulsed Echo System
 Diagnostic Ultrasound Pulsed Doppler Imaging System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	Note 1	N
	Abdominal	N	N	N	N	N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	Note 1	N
	Small Organ ^[1] (Specify)	N	N	N		N	N	Note 1	N
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal	N	N	N		N	N	Note 1	N
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	N
	Musculo-skeletal (Superficial)	N	N	N		N	N	Note 1	N
	Intravascular								
	Other (Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	N
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	N
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	N
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
 Other*: 3-D, 4-D, Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒
 (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐
 (21 CFR 801 Subpart C)

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 Division of Radiological Devices
 Office of In Vitro Diagnostic Device Evaluation and Safety

Section 6120801 Indications For Use

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems

Transducer: D3C60L Convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	Note 1	N
	Abdominal	N	N	N		N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral Vessel	Other (Specify)								
	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA;

E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD

Other*: Tissue Harmonic Imaging. [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒

(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐

(21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)


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Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

K120801

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems

Transducer: D4C40L Convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	Note 1	N
	Abdominal	N	N	N		N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral Vessel	Other (Specify)								
	Peripheral vessel								

N = new indication; P = previously cleared by FDA;

E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐
(21 CFR 801 Subpart C)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
 Transducer: D5C20L Convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N	N	N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	Note 1	N
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	N
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	N
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
 Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒

(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐

(21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)



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Division of Radiological Devices
 Office of In Vitro Diagnostic Device Evaluation and Safety

Section 510(k) K120801

Indications For Use

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
 Transducer: D6C12L Micro-convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans- rectal								
	Trans- vaginal	N	N	N		N	N	Note 1	N
	Trans- urethral								
	Trans- esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral Vessel	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
 Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:


Prescription Use ☒
 (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐
 (21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)


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 Division of Radiological Devices
 Office of In Vitro Diagnostic Device Evaluation and Safety

510K K120801
 Section 1.3

Indications For Use

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8,i7 Diagnostic Ultrasound Systems
Transducer: D7C10L Micro-convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans- rectal								
	Trans- vaginal	N	N	N		N	N	Note 1	N
	Trans-urethral								
	Trans- esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral Vessel	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒

AND/OR

Over-The-Counter Use ☐

(Part 21 CFR 801 Subpart D)

(21 CFR 801 Subpart C)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K120801

Section 1.3

Indications For Use

Page 7 of 15

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
Transducer: D6C15L Convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1-Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	Note 1	N
	Abdominal	N	N	N		N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA;

E = added under this appendix

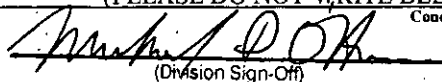
Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use ☐
(21 CFR 801 Subpart C)

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(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K

6120801

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
Transducer: D7L30L Linear Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ⁽¹⁾ (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	N
	Musculo-skeletal (Superficial)	N	N	N		N	N	Note 1	N
Cardiac	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
Peripheral Vessel	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒

AND/OR

Over-The-Counter Use ☐

(Part 21 CFR 801 Subpart D)

(21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)



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Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

K120801

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8,i7 Diagnostic Ultrasound Systems

Transducer: D7L60L Linear Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	N
	Small Organ ^[1] (Specify)	N	N	N		N	N	Note 1	N
	Neonatal Cephalic								
	Adult Cephalic								
	Trans- rectal								
	Trans- vaginal								
	Trans-urethral								
	Trans- esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	N
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	N
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒ (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____ (21 CFR 801 Subpart C)

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Office of In Vitro Diagnostic Device Evaluation and Safety
510K 6120801

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
 Transducer: D7L40L Linear Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic Fetal Imaging & Other	Ophthalmic								
	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	N
	Small Organ ^[1] (Specify)	N	N	N		N	N	Note 1	N
	Neonatal Cephalic								
	Adult Cephalic								
	Trans- rectal								
	Trans- vaginal								
	Trans-urethral								
	Trans- esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	N
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	N
	Other (Specify)								

N = new indication; P = previously cleared by FDA;

E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
 Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒

AND/OR

Over-The-Counter Use ☐

(Part 21 CFR 801 Subpart D)

(21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

Section 1.3

Indications For Use

Page 11 of 15

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
 Transducer: D3P64L Phased Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult	N	N	N	N	N	N	Note 1	N
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
 Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒
 (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
 (21 CFR 801 Subpart C)

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 Office of In Vitro Diagnostic Device Evaluation and Safety
 Section 1.3

Indications For Use

510K

5120801

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8, i7 Diagnostic Ultrasound Systems
Transducer: D6P64L Phased Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	N
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral Vessel	Other (Specify)								
	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Additional Comments:

Prescription Use ☒

AND/OR

Over-The-Counter Use ☐

(Part 21 CFR 801 Subpart D)

(21 CFR 801 Subpart C)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

Section 1.3
510K

K120801

Indications For Use

System: CHISON iVis 60/ iVis 60EXPERT, Q 6/Q8,i7 Diagnostic Ultrasound Systems

Transducer: V4C40L Convex Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	Note 1	N
	Abdominal	N	N	N		N	N	Note 1	N
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other(Urology)	N	N	N		N	N	Note 1	N
	Other (Ob/GYN)	N	N	N		N	N	Note 1	N
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral Vessel	Other (Specify)								
	Peripheral vessel								
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: 3-D, 4-D, Tissue Harmonic Imaging .[1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

Section 1.3
510K

K120801

Indications For Use

Page 14 of 15

System: CHISON iVis 60/ iVis 60EXPERT. Q 6/Q8, i7 Diagnostic Ultrasound Systems
Transducer: D10L40L Linear Array

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (Track 1 Only)	Specific (Tracks 1 & 3)	B	M	PWD	CWD	Color Doppler	Power Doppler	Combined	Other*
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ ^[1] (Specify)	N	N	N		N	N	N	N
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	Note 1	N
	Musculo-skeletal (Superficial)	N	N	N		N	N	Note 1	N
	Intravascular								
	Other(Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
	Other (Specify)								
Peripheral Vessel	Peripheral vessel	N	N	N		N	N	Note 1	N
	Other (Specify)								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: B+M, B+PWD, B+Color Doppler, B+Power Doppler, B+Color Doppler+PWD, B+Power Doppler+PWD
Other*: Tissue Harmonic Imaging, [1] Small Organ: Thyroid, testes and breast etc.

Prescription Use ☒
(Part 21 CFR 801 Subpart D)

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Over-The-Counter Use ☐
(21 CFR 801 Subpart C)

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Indications For Use